

BID RESPONSE PACKET
710-24-025

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	United Methodist Children's Home, Inc dba Arkansas CARES				
Address:	2002 South Fillmore Street				
City:	Little Rock	State:	AR	Zip Code:	72204
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Cyndi Coleman, LCSW	Title:	Administrator		
Phone:	(501)837-3622	Alternate Phone:	(501)906-4228		
Email:					
CONFIRMATION OF REDACTED COPY					
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Bid Response Packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					
COMBINED CERTIFICATIONS FORM					
Prospective Contractor has included in this submission packet the signed <i>Attachment H: Combined Certifications for Contracting with the State of Arkansas</i> .					

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:


Authorized Signature:  Title: President/CEO

Printed/Typed Name: William A. Altom Date: 3/10/2025

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in the *bid solicitation*.

Vendor Name:	United Methodist Children's Home, Inc dba Arkansas CARES	Date:	
Signature:		Title:	President/CEO
Printed Name:	William A. Altom		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information.

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

COUNTIES

Instructions: Select each county in which services can be provided by the Prospective Contractor.

Arkansas	X
Ashley	X
Baxter	
Benton	
Boone	
Bradley	
Calhoun	
Carroll	
Chicot	X
Clark	
Clay	X
Cleburne	
Cleveland	X
Columbia	
Conway	
Craighead	X
Crawford	
Crittenden	X
Cross	X
Dallas	
Desha	X
Drew	X
Faulkner	
Franklin	
Fulton	X

Garland	
Grant	X
Greene	X
Hempstead	
Hot Spring	
Howard	
Independence	
Izard	
Jackson	X
Jefferson	X
Johnson	
Lafayette	
Lawrence	X
Lee	X
Lincoln	X
Little River	
Logan	
Lonoke	X
Madison	
Marion	
Miller	
Mississippi	X
Monroe	X
Montgomery	
Nevada	

Newton	
Ouachita	
Perry	
Phillips	X
Pike	
Poinsett	X
Polk	
Pope	
Prairie	X
Pulaski	X
Randolph	X
Saline	X
Scott	
Searcy	
Sebastian	
Sevier	
Sharp	
St. Francis	X
Stone	
Union	
Van Buren	
Washington	
White	
Woodruff	X
Yell	

All counties (Statewide)	
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The Arkansas CARES program is located in Pulaski Co, but the counties selected align with our catchment area for the current SWS contract.

SERVICE TYPES

*Instructions: Select each type of substance abuse treatment service that can be provided by the Prospective Contractor. **All services will include intake and assessment.***

Residential - Full day	
Residential - Partial Day	
Residential - Adolescent	
Outpatient – Individual	
Outpatient – Family	
Outpatient – Group	

Outpatient – multi-family group	
Outpatient – Adolescent	
Outpatient - Intensive	
Specialized Women Services	X
RADD Observation Detox	
Medication Management	

SECTION 2.4 MINIMUM QUALIFICATIONS



Currently enrolled as a service provider in the Arkansas Medicaid Program. Prospective Contractor's Medicaid Service Provider Number: 141529726



NOT currently enrolled as a service provider in the Arkansas Medicaid Program.

STATEMENT OF ATTESTATION

The Contractor **must** be enrolled as a service provider in the Arkansas Medicaid Program by the contract start date of May 1, 2024. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without enrollment. Any enrollment information after the bid opening must be submitted to

By signature below, the Prospective Contractor agrees to and shall fully comply with all requirements as described in this attestation.

Authorized Signature:  _____

Printed/Typed Name: William A. Altom, President/CEO Date: 3/10/2025 _____

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Certificate of Accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF)
- List of proposed staff
- *Official Bid Price Sheet*
- All documents provided in the *Bid Response Packet*
- Copy of Vendor's *Equal Opportunity Policy*
- Signed Addenda, if applicable
- EO 98-04 Contract and Grant Disclosure Form (Attachment A)
- Certifications and Restrictions (Attachment H)

United Methodist Children's Home, Inc
dba Arkansas CARES

Substance Abuse Treatment Bid
Invitation for Bids # 710-24-025

The United Methodist Children's Home, Inc (UMCH) dba Arkansas CARES is a current Specialized Women's Services contractor with the Arkansas Department of Human Services.

UMCH is seeking foster care maintenance payments (aka board payments) for children in the custody of the Division of Children and Family Services who enter our SWS program, Arkansas CARES with their mothers. These board payments would help defray the cost of providing food, shelter, clothing, daily supervision, school and personal incidentals, etc. in accordance with VII-M: Financial Support to Resource Parents in the Arkansas Department of Human Services Division of Children & Family Services Policies and Procedures Manual.

Additionally, if the SWS contract funds are exhausted and DCFS has an SWS appropriate client for referral, then these contract funds could be utilized to provide SWS services.

Details

For service of process contact the [Secretary of State's office](#).

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

Corporation Name

THE UNITED METHODIST CHILDREN'S HOME, INCORPORATED

Fictitious Names

ARKANSAS CARES

HEBER SPRINGS COUNSELING CLINIC

METHODIST CHILDREN'S HOME

METHODIST CHILDREN'S HOME, INCORPORATED

Filing

100052741

Filing Type

Nonprofit Corporation

Filed Under Act

Dom Nonprofit Corp; 1147 of 1993

Status

Good Standing

Principal Address

1600 ALDERSGATE RD SUITE 300 LITTLE ROCK, AR 72205

Reg. Agent

DYLAN POTTS

Agent Address

425 WEST CAPITOL LITTLE ROCK, AR 72201

Date Filed

08/11/1972

Officers

SEE FILE, Incorporator/Organizer

WARREN MCCORMICK, Director

BILL MANN, Director

HARRY CLERGET, Director
LESLEY COLE, CFO

Foreign Name
—

Foreign Address
—

State of Origin

AR

[Purchase a Certificate of Good Standing for this Entity](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)



April 12, 2022

Andy Altom, MBA
CEO
United Methodist Children's Home, Inc.,
2002 South Fillmore Street
Little Rock, AR 72204

Joint Commission ID #: 147240
Program: Behavioral Health Care and Human Services
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 4/12/2022

Dear Mr. Altom:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Behavioral Health Care and Human Services

This accreditation cycle is effective beginning February 12, 2022 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer and Chief Nurse Executive
Division of Accreditation and Certification Operations



Division of Provider Services & Quality Assurance
P.O. Box 8059, Slot S408, Little Rock, AR 72203-8059
P: 501.682.2441 F: 501.682.8155

Confirmation Letter
September 13, 2022

UNITED METHODIST CHILDRENS HOME
DBA ARKANSAS CARES
1600 ALDERSGATE ROAD
LITTLE ROCK AR 72205

Please find enclosed license number 33776. This is issued for the following location(s):

UNITED METHODIST CHILDRENS HOME
2002 SOUTH FILMORE
LITTLE ROCK AR 72205

ARKANSAS CARES

If you have any questions, please feel free to schedule time with me.

Sincerely,

Kewandra Bonds

cc: DAABH - Tanya Giles, Christina Westminster, Tasha Peterson
Gainwell Technologies – Courtney Tipple, Audrey Orange, Daphne Burkins
OMIG – Tamera Belin



License Number: 33776

This Is to Certify That

UNITED METHODIST CHILDRENS HOME DBA ARKANSAS CARES

Is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Substance Abuse Treatment Programs _____

on the premises located at _____ 2002 SOUTH FILMORE _____,

LITTLE ROCK _____, County of _____ PULASKI _____, Arkansas.

License Effective: 09/13/2022 | License Expires: 09/12/2025



United Methodist Children's Home, Inc.
dba Arkansas CARES

Staff List

Cyndi Coleman, LCSW, Program Administrator and Acting Clinical Director

Tammy Weaver, Outpatient Operations Coordinator

Shari Blackmon, Admissions and Office Coordinator

Whitney Jackson, LPC, Therapist

Maranda Leonard, LPE, Therapist

Emily Gautney, Peer Recovery Support Specialist (PRSS)/QBHP

Kasie Morris, Case Manager/QBHP

Debrieanna Conley, Lead Behavioral Instructor

Mavi Marshall, Behavioral Instructor

Beverly Burse, Behavioral Instructor

Bridget Kanu, Behavioral Instructor

Stephanie Hall McCraw, Register Nurse, Director of Nursing

Behavioral Instructor-Open Position

Licensed Practical Nurse (LPN)-Open Position



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Cynthia D. Coleman

Location: Little Rock, AR

Level: LCSW

License Number: 1642-C

Date Issued: 7/27/2001

Expiration: 7/31/2025

Disciplinary Action: no

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

Licensure Level Key:

LCSW: Licensed Certified Social Worker

LMSW: Licensed Master Social Worker

L.SW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker



**Arkansas Department of Health
Social Work License Card**

License No.

1642-C

Expiration Date:

7/31/2025

Cynthia D. Coleman, LCSW

105 S Plaza Dr.

Little Rock AR 72205

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Tammy Charlton, LCSW

Chair

Arkansas Board of Examiners in Counseling
And Marriage & Family Therapy



LICENSE CARD

This is to certify that
Whitney Jackson
holds ACTIVE status as a(n):
LPC
in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27
— 101 et seq.

License #:
P2501024
Initial Date:
01/31/2025
Expiration Date:
05/31/2026

**PLEASE NOTIFY ARBOEC OF ANY CHANGE
OF ADDRESS IMMEDIATELY**

A handwritten signature in dark ink, appearing to read "Justin Moore", is written over a horizontal line.

Justin Moore
BOARD CHAIR



Maranda Marie Leonard

1600 Aldersgate Rd.
Little Rock, AR 72205

LICENSE #: 12-12E | TYPE: Psychological Examiner | STATUS: ACTIVE

ADDITIONAL INFO

License Issued - 10/19/2012

License Expires - 6/30/2025

Good Standing - Yes

Sanctions - N

Certificate of Completion

This certificate is presented to

Emily Gautney

For successfully completing

November 6 - 10 Peer Recovery Core Training

For a total of 30.00 credit hours on

11/10/2023

LITTLE ROCK



MIDSOUTH
COLLEGE OF BUSINESS,
HEALTH, AND HUMAN SERVICES

Gigi Peters, LMSW
Executive Director



Emily Gautney

Has successfully completed 8 hours of mental health training as required by OBHS to meet recertification requirements as a

Qualified Behavioral Health Provider

Training Hours

8

Date of Completion

February 14, 2025

8788 - 160

QBHP Training

CARES

2/14/25



Kasie Morris

Has successfully completed 40 hours of mental health training as required by OBHS to meet training requirements as a

Qualified Behavioral Health Provider

Training Hours

40

Date of Completion

September 9, 2024

8884 - 160

QBHP Training

CARES 9/9/24



Primary Source
License Verification

Verification Report

Primary Source Board of Nursing Report Summary for

STEPHANIE HALL

Wednesday, June 21 2023 09:22:39 AM

For a more accurate search, select Search by License Number or Search by NCSBN ID above. Partial name searches are accepted

This online verification system is a free service provided to the public for primary source verification for Registered Nurse Practitioner (RNP), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant- Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within the verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the [Nurse License Verification](#) service to request the required verification of licensure.

Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
HALL, STEPHANIE ANNE	RN	R106559	Active	03/13/2018	06/30/2025	Multistate	NO

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)

[Index](#)[MFH Home](#)[MFH Forms](#)[COVID-19](#)[Employee Benefits](#)[Wellness](#)[Employee Handbook](#)[Policies & Procedures](#)[Emergency Management](#)[Help Desk](#)[MFH Calendar](#)[Pastoral Care](#)

Equal Opportunity Employment

Equal Opportunity Employment

In accordance with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health is an equal opportunity employer. Our policy is to recruit, hire, promote and compensate without regard to race, age, religion, sex, national origins, creed, handicap or color. Employment opportunities are open to qualified applicants on the basis of their experience, aptitude and ability.

Methodist Family Health Civil Rights

Non-Discrimination Policy

In accordance with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health will directly or through contractual or other arrangements admit and treat all persons without regard to race, age, religion, sex, national origins, creed, handicap or color in its provision of services and benefits, including assignments or transfers within the facility and referrals to or from the facility. Staff privileges are granted without regard to race, color or national origin (where appropriate).

Equal Opportunity Employment

In accordance with Title VI and VII of the Civil Rights Acts of 1964 and their implementing regulations, Methodist Family Health is an equal opportunity employer. Our policy is to recruit, hire, promote and compensate without regard to race, age, religion, sex, national origins, creed, handicap or color. Employment opportunities are open to qualified applicants on the basis of their experience, aptitude and ability.

Acknowledgement

My signature is my acknowledgement that I have been presented with Methodist Family Health's Policy and Procedures regarding Title VI and VII of the Civil Rights Acts of 1964.

Employee's Printed Name

Date

Employee's Signature

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____

☐ Yes ☒ No

TAXPAYER ID NAME: United Methodist Children's Home, Inc dba Arkansas CARES
YOUR LAST NAME: Altom FIRST NAME: William
M.I.: A

ADDRESS: 2002 South Fillmore Street

CITY: Little Rock

STATE: AR ZIP CODE: 72204

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/ commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title President/CEO Date 3/10/2025

Vendor Contact Person Cyndi Coleman Title Administrator Phone No. (501) 837-3622

Agency use only

Agency Number 0710

Agency Name Department of Human Services

Agency Contact Person _____

Contact Phone No. _____

Contact or Grant No. _____



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
4. **Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: _____ Description: _____

Agency Name: United Methodist Children's Home, Inc dba Arkansas CARES

Vendor Number: _____ Vendor Name: United Methodist Children's Home, Inc dba Arkansas CARES

A handwritten signature in blue ink, appearing to read "William D. Altman", is written over a horizontal line.

Vendor Signature

3/10/2025

Date

OFFICIAL BID PRICE SHEET

710-24-025 Substance Abuse Treatment

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed *Official Bid Price Sheet* with bid submission.

Instructions:

Enter a unit price for each item. Totals for each table and the total average cost will automatically calculate. DCFS will not accept any rate above the current Medicaid rates.

<u>Table 1: Intake & Assessment</u>	<u>Unit of Measure</u>	<u>Unit Price</u>
Intake and Assessment	Rate per Each	\$ 200.00
	Total	\$ 200.00

<u>Table 2: Residential Services</u>	<u>Unit of Measure</u>	<u>Unit Price</u>
Residential Treatment	Rate per Day	
Partial Day Treatment	Rate per 4 Hours	
Adolescent	Rate per Day	
Specialized Women Services	Rate per Day	See attached
RADD Observation Detox	Rate per Each	
Medication Management	Rate per Each	
	Total	\$ -

<u>Table 3: Outpatient Services</u>	<u>Unit of Measure</u>	<u>Unit Price</u>
Individual	Rate per 0.25 Hour	
Family	Rate per 0.25 Hour	
Group	Rate per 0.25 Hour	
Multi-Family Group	Rate per 0.25 Hour	
Adolescent	Rate per 0.25 Hour	
Intensive	Rate per Day	
	Total	\$ -

TOTAL AVERAGE COST	\$ 200.00
---------------------------	------------------

AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: United Methodist Children's Home, Inc dba Arkansas CARES

Signature: 

Printed Name: William A. Altom, President/CEO

JUSTIFICATION/EXPLANATION OF OFFICIAL BID PRICE SHEET

710-24-025 Substance Abuse Treatment

The Intake and Assessment Rate \$200 per Each and the Specialized Women Services Rate per Day of \$175 are applicable for any SWS appropriate referrals made by DCFS following the exhaustion of UMCH dba Arkansas CARES current SWS contract funds.

The DCFS foster care maintenance (aka board payment) rates of \$451 (Birth through 5 years) and \$484 (6 through 11 years) are the per month standard board rates outlined in section VII-M: Financial Support to Resource Parents of the Arkansas Department of Human Services Division of Children & Family Services Policies and Procedures Manual. As outlined in the manual DCFS would pay this rate based on the number of nights a child is in the Arkansas CARES SWS program with their mothers.